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PTO/SB/01 (12-97)  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

1030-R-00

First Named Inventor

Amanda J. PATEL

**COMPLETE IF KNOWN**

Application Number

Not yet known

Filing Date

February 11, 2000

Group Art Unit

Not yet assigned

Examiner Name

Not yet assigned

As a below named inventor, I hereby declare

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A METHOD FOR THE IDENTIFICATION OF ANESTHETICS

the specification of which

(Title of the Invention)

☒ is attached hereto  
OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

Not yet known

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/119,727	02/12/99	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION—Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U. S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/144,914	09/01/98	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number

22469

OR

☐ Registered practitioner(s) name/registration number listed below

22469

Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

☒ Customer Number or Bar Code Label

22469

OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☒ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Amanda J.	PATEL

Inventor's Signature					Date		
Residence: City	Valbonne	State		Country	France	Citizenship	France
Post Office Address	c/o Institut de Pharmacologie Moleculaire et Cellulaire - CNRS						
Post Office Address	UPR 411, 660 route des Lucioles, Sophia Antipolis						
City	Valbonne	State		ZIP	06560	Country	France

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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PTO/SB/02A (3-97)

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<h2 style="margin: 0;">DECLARATION</h2>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>2</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Eric				HONORE			
Inventor's Signature						Date	
Residence: City	Valbonne	State		Country	France	Citizenship	France
Post Office Address	c/o Institut de Pharmacologie Moleculaire et Cellulaire - CNRS						
Post Office Address	UPR 411, 660 routes des Lucoiles, Sophia Antipolis						
City	Valbonne	State		ZIP	06560	Country	France
<b>Name of Additional Joint Inventor, if any:</b>		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Florian				LeSAGE			
Inventor's Signature						Date	
Residence: City	Nice	State		Country	France	Citizenship	France
Post Office Address	12, avenue Auber						
Post Office Address							
City	Nice	State		ZIP	06000	Country	France
<b>Name of Additional Joint Inventor, if any:</b>		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Georges				ROMEY			
Inventor's Signature						Date	
Residence: City	Nice	State		Country	France	Citizenship	France
Post Office Address	61 bis, Corniche Fleurie Geranium						
Post Office Address							
City	Nice	State		ZIP	06200	Country	France

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## DECLARATION

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 2 of 2

<b>Name of Additional Joint Inventor, if any:</b>				<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Michel				LAZDUSKI				
Inventor's Signature					Date			
Residence: City		Nice	State		Country	France	Citizenship	France
Post Office Address		21, avenue Colombo						
Post Office Address								
City		Nice	State		ZIP	06100	Country	France
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	

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